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ABSTRACT

Current research shows alcohol and other drugs to be a major problem on postsecondary campuses despite the fact that the purchase and use of alcohol is illegal for many college students and on most campuses. Little is known about drug and alcohol use levels among deaf students, many of whom come to college ill prepared to handle the pressures of college life. Deaf students in the postsecondary setting often fall behind in the development process of making connections to healthy people, places, ideas and interests. Prevention strategies are reviewed, and a survey of current drug and alcohol policies on postsecondary campuses is reported. On many campuses there is no one to make prevention or counseling efforts accessible to deaf students. Strategies that can be used in the postsecondary setting to help deaf and hard of hearing students be prepared to deal with alcohol and drugs and thus be successful in their educational efforts are discussed. In addition, institutional policies and practices are suggested that support a healthy way of life for deaf postsecondary students. The "Campus Drug Prevention Questionnaire" and an alcohol abuse discussion guide are appended. (Contains 20 references.) (EMK)

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ED 460 302

Positive Youth Development: Helping Postsecondary Students Deal with Pressures to Use Alcohol and Other Drugs

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Abstract:
Efforts at prevention of alcohol and other drug problems is often limited to elementary and secondary students. But, students in the postsecondary setting also need and can benefit from prevention strategies. Current research shows alcohol and other drugs to be a major problem on postsecondary campuses despite the fact that the purchase and use of alcohol is illegal for many college students and on most campuses. Resilience research shows that promoting positive youth development is an effective means of preventing a variety of problems, including problems with alcohol and other drugs. Deaf student in the postsecondary setting often fall behind in the development process of making connections to healthy people, places, ideas and interests. This paper looks at strategies which can be used in the postsecondary setting to help deaf and hard of hearing students be prepared to deal with alcohol/drugs and thus be successful in their educational efforts. In addition, institutional policies and practices will be suggested that support a healthy way of life for deaf postsecondary students.

The Problem

According to the Core Institute (Presley, 1993), the following statistics help portray a picture of the alcohol and other drug use that occurs on America's college campuses:

*At both two and four year institutions, the heaviest drinkers obtain the lowest grades.

*Almost one-third of the students at four year institutions report missing class due to alcohol or other drug use.

*Nearly one-quarter of students report performing poorly on a test or project due to alcohol or other drug use.

*College students who drink the most obtain the lowest grades. "A" students averaged 3.6 drinks per week; "B" students averaged 5.5 drinks per week; "C" students

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averaged 7.6 drinks per week' "D" or "F" students averaged 10.6 drinks per week.

*Each year members of sororities and fraternities spend roughly $200 million more on alcohol than all other students combined.

In addition to the financial aspects of alcohol and other drug use at postsecondary institutions, there is a human cost. The Office for Substance Abuse Prevention (now the Center for Substance Abuse Prevention), in its 1991 White Paper, "Alcohol Practices, Policies and Potentials of American Colleges and Universities" reports that about 159,000 freshman will drop out of college in the next year due to alcohol and other drug related causes. Approximately 300,000 of today's students will eventually die of these causes. In addition, alcohol and other drugs will be a factor in thousands of unplanned pregnancies, sexually transmitted diseases, motor vehicles accidents and other consequences. In a survey of college presidents, the Carnegie Foundation found that substance abuse, particularly alcohol abuse, was regarded as the most pressing problem on today's campuses(Carnegie Foundation for the Advancement of Teaching, 1990). The surgeon general called for a reduction in alcohol use on college campuses, estimating that college students annually spend $4.2 billion on alcoholic beverages(Office for Substance Abuse Prevention, 1991).

The results of a national survey from 1975-1994 (Johnston, in press) compares the drinking behavior of college students and noncollege peers. Results show that while 67.5 percent of college students reported monthly alcohol use, only 61.5 percent of their noncollege peers report alcohol use during the past 30 days. Most of the research, however, focuses on binge drinking, defined for men and women as drinking five or more drinks at one sitting. In 1994, 40 percent of college students report binge drinking within 2 weeks of being surveyed, with a rate of 31 percent for women and 52 percent for men. Binge drinking is more prevalent among college students than nonstudents.

Another factor to be considered on college campuses is the perception of the peers' level of drinking. Studies (Baer and Prentice, 1991) show that students generally perceive their peers' drinking levels to be higher than their own and higher than they actually are. According to the studies these exaggerated views of the drinking behavior of others is also associated with greater

individual consumption. In addition to perceptions of the level of use of their peers, students are influenced in their using behavior by their expectation about what their drinking or drug use can do for them. The expectation that drinking alcohol will loosen inhibitions or promote relaxation appears to correlate with increased drinking (Smith, 1994).

The level of alcohol consumption also appears to be influenced by both drinking in groups and serving oneself. Geller (1986) reports that college students at bars drank more beer when they were in groups or ordered beer by the pitcher than when they drank alone or ordered by the glass or bottle. At fraternity parties, drinkers consumed more alcohol when they served themselves than when they got their drinks through a bartender (Geller, 1990).

Clearly, alcohol and other drug use on the campuses of colleges and other postsecondary institutions is a problem. Not only does this chemical use interfere with students ability in relation to their academic performance, it also is a contributing factor in vehicle accidents, emotional problems, sexually transmitted diseases, unplanned pregnancies and long term health problems. Alcohol and other drug use is a common part of the postsecondary experience and is more prevalent among students than non-students. In the very setting where young adults are supposedly working toward a better future, there is an atmosphere, almost an expectation, of alcohol and other drug use that could damage or destroy that future.

The Solution

Clearly there is a problem with alcohol and other drug use among postsecondary students in the United States. The question remains, what can be done about it? While many, if not most postsecondary institutions have policies about alcohol and other drug use, little work has been done to determine the effectiveness of these programs. While procedures may exist which describe how students with alcohol or other drug problems will be dealt with, these procedures are often not put into practice. In other cases, the procedures for dealing with students are only punitive and not designed for either prevention or early intervention. Further, policies and procedures at postsecondary institutions likely do not take into account the special needs and issues of deaf and hard of hearing students, many of whom come to the postsecondary setting ill-prepared to deal with the pressures to use alcohol or other drugs.

Little research has been done to determine the level of chemical use with deaf and hard of hearing adolescents. In 1978, students at one residential school for the deaf were surveyed about their substance use; most of the students reported drinking alcohol and nearly half reported marijuana use (Locke & Johnson, 1978). In 1996, Dick identified variables which are predictors of marijuana and alcohol use for deaf and hard of hearing adolescents. In this study, students with poor grades used marijuana more frequently than those with higher grades. Deaf adolescents who had large numbers of hearing friends at school reported higher levels of alcohol use than those with fewer hearing friends. On the other hand, marijuana use was found to be more prevalent at residential schools. Small studies such as these highlight the need for more information about the quantity, quality and pattern of alcohol and other drug use by Deaf and hard of hearing adolescents and adults.

With regard to prevention efforts, comprehensive substance abuse prevention programs were implemented in many public schools for hearing students beginning in the 1980's. According to epidemiological studies (Johnson & O'Malley, in press), the rates of alcohol and drug use for hearing adolescents have declined since that time. In contrast, prevention programs for deaf and hard of hearing students in either mainstream or residential schools are limited, if they exist at all. Many schools do not have a chemical health specialist who can offer assessment, intervention or counseling services. Mainstream schools often have not modified extant prevention approaches and materials to meet the communication and cultural needs of Deaf and hard of hearing students. Many of the prevention efforts through the media have been inaccessible to Deaf people. Radio announcements miss this population entirely and many TV announcements are not captioned. With the lack of education and information, Deaf people are likely not well informed about the risks of using alcohol and other drugs and are not prepared with the necessary skills to deal with the dangers they represent.

Recognition and understanding of substance abuse within the Deaf community lags behind that in the general population. Only a handful of deaf or hard of hearing people nationally are trained as substance abuse counselors. The majority of Deaf people socialize through their community Deaf Clubs and organized activities such as bowling, softball, basketball and golf, many of which revolve around the use of alcohol. Only a few years ago,

young deaf people still considered drunkenness to be a "sin" or character weakness (Sabin, 1988). If a person's use of alcohol is viewed as abusive, the individual may be ostracized by the community. An understanding of the view of substance abuse in the Deaf community is important in recognizing the perception of many Deaf postsecondary students.

If prevention efforts are meant to reduce the abuse of alcohol and other drugs and the resultant consequences, what do we mean when we talk about prevention. Typically, prevention efforts include some attempt to provide information about alcohol and other drugs and the consequences of their use. Quality prevention programs differentiate between groups of people, those who are abstinent and those who are already using, and offers different strategies to deal with each group. But comprehensive prevention programs involve more that just information dissemination but offer a continuum of services that support the health, safety and well-being of people. Prevention is a proactive process of developing personal attributes and creating environments that promote the health and well-being of people. Well-developed prevention efforts involve the use of various strategies to accomplish their stated goals including information dissemination, availability and promotion of alternative activities, development of decision-making skills, promotion of healthy relationships, fostering of positive self-concept, encouragement for goal-setting and appropriate self care. In addition, comprehension prevention efforts must provide intervention, counseling and support.

While alcohol and other drug abuse prevention programs exist on many campuses, few of these programs have been evaluated to determine their effectiveness. Various strategies are employed on these campuses in an effort to impact the drinking and drug use behaviors of students. One tactic involves providing education and other efforts which attempt to change drinking behaviors. Another strategy involves the use of a cognitive behavioral approach aimed at helping students monitor and moderate their own drinking. One other method involves challenging student's expectancies about alcohol's effects. Still other strategies may include provision of alternative activities, enforcement of rules/policies, peer support and regulation of advertising and sponsorship.

Prevention Strategies

San Diego State University (SDSU) set up a prevention program that was called Student to Student(STS). This program was the first organized attempt to address alcohol and other drug abuse(AOD) problems. The STS program maintains a peer-education component and is active in campus alcohol and other drug abuse policy issues. The STS program also works with other local colleges and universities to develop community wide AOD prevention initiatives. In addition to its peer educators, STS has had access to a variety of professional volunteers who provided technical support. The program has also designed several campus wide health education campaigns. The STS program, was in jeopardy of losing it's funding and they were able to survive by relying on "in-kind" support from SDSU(physical space, student and faculty volunteers, etc.) They also aggressively sought funds from various external sources at the federal and local levels.

The Prevention Research Institute developed a risk-reduction program specifically for college campuses. The program, titled "On Campus....Talking About Alcohol.....", was designed to address two kinds of problems related to alcohol---health problems and impairment problems. In addition to providing information about alcohol and other drugs and their effects on a person, the program presents a five step risk reduction process. The five steps proposed by the program are:

Step 1--- Estimate biological risk for alcoholism;

Step 2--- Select the appropriate low-risk guidelines for the individual circumstances;

Step 3--- Make adjustments to further lower a person's risk;

Step 4--- Identify the best low risk choices based on beliefs, values and other important factors;

Step 5--- Follow through with plans and decisions.

This program is contained in a small notebook and offers information about alcohol effects, alcoholism and the five step process. The program also offers a series of examples of how the five steps can be applied (See Appendix II). The notebook contains a personal self assessment

form as well as guidelines and a format for developing a personal risk reduction plan.

Another prevention program, Project WAIT(Wellesley Alcohol Informational Theater), was developed in 1984 by students who wanted to reflect their personal experiences and language. The troupe performs 6-10 brief skits reflecting situations that audience members may experience in the future. The 1 ½ hour performance and workshop are informal, and the skits are done with minimal props. Typical skits portray peer pressure to drink, vulnerability to sexual abuse, drunk driving, loss of judgement in high-risk situations that may lead to unwanted consequences, family drinking, how to assess one's own drug or alcohol consumption, and how to evaluate and attend to the needs of others who may be in trouble with drugs or drinking. After the performance the troupe members and the educator lead an audience discussion. Students are encouraged to react, identify, or reflect on the issues presented and the ways they might handle difficult situations. They are also asked to respond to how they would feel in the circumstances depicted in the skits. Information about the use and effects of alcohol is offered only as it is relevant or requested. At the end, students receive a handout describing resources for further information and/or referral.

The following are samples of scenes which are done as role plays with input from post-secondary students.

A junior takes her college "little sister" to a fraternity party. "Ready to have fun?" The older woman asks, and the younger acknowledges her nervousness. "Just promise me you'll have a couple of drinks and have fun," says the more experienced "big sister." But the younger woman doesn't want to drink. "I don't care, I just don't like it," she says. After an awkward exchange with some of the men, the older student says to her young friend, "Come on, I thought you were going to loosen up. I don't care if you don't like it. These are friends of mine. Don't make me look bad!" One of the men, reporting to another male friend on his progress with the little sister says, "There's no way I'm going to score with her. She doesn't even drink."

In another skit, a female student answers the phone in her room: "Mom, is everything okay? You just don't sound very excited to be talking to me." "Mom, if something were wrong, you would tell me, wouldn't you? I'm just going to worry about it otherwise...What did you say? What did Dad do?...You've got to get out of the house when Dad's been drinking. Call

up Amy...You know you can't be around Dad when he's been drinking...Please don't get upset. Mom, it's not your fault. It's been going on for so long . (Pause) Maybe I can figure out some way to get home. I'd really like to." As her roommate enters the dorm room, the student hangs up the phone, saying she has to go and will call her mother back later.

ROOMMATE: "Do you want to go to dinner with me?"

STUDENT: (sounding angry): No, I don't want to go to dinner right now!

ROOMMATE(puzzled): What's the matter? Did you have a bad phone call?

STUDENT: (still angry): Listen, you have your problems and I have mine, and I can deal with mine!

ROOMMATE: (getting angry too): We happen to live in the same room.

STUDENT: (yelling): I'm really sorry about that.

ROOMMATE: I'll bet you are! I'm going. See you later.

Theater can be used to introduce different scenarios that could happen on a campus. Peer presenters are used, and the use of role play is a highly acceptable alternative to rehearsed skits. In one skit, a student with a hangover doesn't remember which man brought her home the night before. Her friends discuss their concern for her, then reluctantly agree they must confront her. As one friend ponders about whether, and then how, to talk with the student, she wonders whether the student is in fact drinking too much and how she might convince the student of this. The concept of a blackout is introduced, as is the danger of getting a ride home from someone just met at a party. Also put into words are the dilemma and the inner struggle that accompany the decision to confront: What does it mean to be a friend? How will this affect our relationship? When, in the skit, the friend does confront the student, she gets the expected response - denial and anger- but she sticks with it. The point is made that one discussion with someone may not be enough to convince the drinker to cut back or quit; a series of confrontations may be necessary before the drinker acknowledges that a problem exists and takes action on his/her own behalf(Gleason, 1994).

The group model is especially effective for students because it encourages sharing difficult personal material with an openness that is not normally encountered. It encourages participants to support each other and gives them the experience of being supported. The

members of the troupe can model this kind of support. The group setting gives them a chance to listen and to develop their capacity to empathize with each other. An informal group setting encourages openness in communication.

Research on the Effectiveness of Prevention Programs

As indicated above, the use of alcohol is prevalent with post-secondary students. Prevention programs that are attempted with this population, are not always very successful. The University of South Florida in Tampa used focus groups to assist in clarifying reasons for the limited success of prevention approaches in post-secondary institutions. Five issues were discussed in the focus group interviews: (1) reasons for drinking alcohol, (2) reasons for not drinking alcohol, (3) circumstances surrounding over- consumption of alcohol, (4) topics and methods for prevention, and (5) gender differences in drinking patterns. The outcome of the focus groups indicated that one key way that colleges could decrease alcohol use was to offer alternative activities. This suggestion was not surprising because early alcohol use tends to be confined to social situations, but solitary use is said to be rare. Alcohol abuse prevention models, therefore, need to address both the individual and his or her environment; the best way to do it is through decreasing the availability of alcohol on campus. Students involved in the focus groups indicated that they want programs to prevent alcohol abuse that present the positive and negative aspects of alcohol use and at the same time are respectful of students' intense need for autonomy and freedom of choice(Emery, 1993). The strongest finding was the students' perceived need for programs to prevent alcohol abuse to address alcohol use as related to sexual behavior. Prevention programs also need to attempt to improve the social skills of men in their relationships with other men. Findings indicated that men report feeling more pressure than women do to use alcohol when in a large, social group setting(Berkowitz, 1987). Addressing these social skills should be a major priority of college programs to prevent alcohol abuse.

One study attempting to analyze the use of drug and alcohol prevention programs developed and used a survey which was completed by 336 post secondary students. Findings indicated that prevention programs as a whole do not appear to be taking advantage of more recent prevention technology emphasizing promising social, behavioral and environmental

strategies(Battjes, 1985; OSAP, 1990), nor do they use electronic media found on and off campus to supplement on-campus information. The study found that most programs reported some success at altering policies on campus, but surprisingly few changes on drug-related measures were attributable to prevention efforts. Appendix I includes a sample questionaire that could be utilized by post-secondary institutions to determine the level of awareness of prevention/education efforts and the effectiveness of such programs. This type of questionaire could also be helpful for schools starting a program in terms of what components might be included in the program. Schools serving Deaf and hard of hearing students may also want to consider including questions about communication and accessibility in the questionaire.

Current Drug/Alcohol Policies on Post Secondary Campuses

In order to become more familiar with existing post secondary campuses drug/alcohol policy, the authors contacted 15 college/universities. The majority of the schools have strong drug/alcohol policies with a system in place if these policies are violated. Very few of the schools contacted have a clearly defined prevention program that is inclusive of the deaf and hard of hearing students. Some of the drug/alcohol information and policies from the schools contacted is summarized below.

St. Petersburg Junior College promotes a strong no-use policy and has a handout that summarizes general information about specific types of alcohol/drugs and their affects on an individual's body as well as prevention activities that the school is involved with during the school year. The handout also includes various help-line phone numbers, substance abuse readings that are available and 5 different courses in substance abuse, intervention and treatment that students can take on campus.

Northern Illinois University(NIU) has a specific drug/alcohol policy statement as well as several pages in their residence hall student handbook outlining their policies which prohibit the use of alcohol and other drugs on university property or in association with any university-related activities. The policy gives phone numbers to call for help and discusses consequences that would happen if the policy is violated. The sanctions could include: referral for criminal prosecution, referral to an educational or rehabilitation program, referral for action under the

student judicial code and/or referral for action under policies relating to residence halls. NIU provides an alcohol free lifestyle floor as an option for students who are motivated and committed to find support from peers in maintaining an alcohol free lifestyle and social life. The residences do allow persons over 21 years of age to bring sealed alcoholic beverages into the residence halls and may subsequently possess or consume such only in the privacy of student rooms with the door closed and in an atmosphere that does not create significant noise or other disturbances.

Johnson County Community College does not have any active meetings or peer counseling available on campus for drug/alcohol related issues. There is a student assistance program (off campus referrals) that the counseling staff use for students with needs for more intensive counseling. The written policies in their student handbook addresses only disciplinary issues.

William Rainey Harper College has a student handbook that includes a student conduct code which indicates that discipline may be imposed if a student possesses, uses or distributes an illegal or controlled substance or look-alike drug. It is also prohibited to have unauthorized or illegal possession, use or distribution of any alcoholic beverage. The possible consequences are well laid out in this section.

St. Paul Technical College prohibits students from the use or distribution of drugs or alcohol on campus and has offered a room weekly for A.A. meetings for students. Student services (including Deaf student services) refer to appropriate outside agencies for treatment. Staff at St. Paul Technical College contacted 6 other local disability counselors regarding current offerings of AA meetings on campus. It appeared that two colleges offer A.A. meetings that are coordinated through Health Services, two sites indicated that there isn't a group on campus at this time, and two schools have offered space in the past.

Alcohol/Drug Prevention Programming-Special Needs of Deaf & Hard of Hearing Students

When providing drug/alcohol prevention programming to students the following components are essential to keep in mind: the cultural aspects of deafness, communication

modalities, access to recovering Deaf role models, access to Deaf and/or interpreted AA/NA (or other Twelve Step) meetings and materials that are available in ASL on videotape or in modified written English. Materials are also needed that focus on assisting students in developing decision making skills, assertiveness, social competencies, improving self-esteem and strategies for resisting negative peer pressure.

Prevention efforts with Deaf and hard of hearing students should keep in mind that these students may have need of additional skill building in the areas of decision-making, goal setting, building of healthy relationships, accessing resources and developing refusal techniques. Because these are skills that are often learned in the context of family or through incidental learning (such as overhearing others discuss specific issues), many Deaf or hard of hearing people may not have had the opportunities to develop and hone these skills. Prevention programs that provide these opportunities can make significant contributions toward helping Deaf and hard of hearing students deal with the pressures to use alcohol and other drugs. In addition, these same skills help students to avoid other problems such as unwanted pregnancy, sexually transmitted diseases and domestic violence.

Alcohol and other drug programs at post-secondary schools should be aware of local resources that can assist students in dealing with alcohol and other drugs problems. In addition to education about alcohol and other drugs and their effects, students may need assistance in dealing with the following issues: a friend or family member who uses alcohol or other drugs; the need for a chemical use assessment; access to support groups or Twelve Step meetings that are accessible; or access to treatment services. School programs will need to determine which services can be provided to Deaf and hard of hearing students by school staff and which services will be referred out to local agencies.

Programs should be aware of the special needs of Deaf and hard of hearing students with regard to chemical use assessments. Because they have not had access to prevention programs or education about alcohol and other drugs, and because these students may not be familiar with terminology used in the assessment process, the assessor will need to make some modifications. For example, terminology such as "black out", "DWI", "withdrawal" or "tolerance" should be explained to the individual being assessed to ensure accurate results. Assessors who are not

fluent in American Sign Language (ASL) will need to utilize a qualified interpreter when evaluating a client whose preferred mode of communication is ASL. An assessment with a hard of hearing student will need to include consideration of such environmental factors as background noise and lighting in the office. Assessors also need to be aware of the special treatment needs of deaf and hard of hearing people, mostly revolving around communication issues.

Conclusion

Schools need to be proactive and ensure that counselors are able to identify potential chemical abuse problems. Each post-secondary institution should have some kind of prevention program in place as well as policies including clear consequences if students violate the drug/alcohol rules. Some schools have set up peer advisor programs or sober social clubs which has helped to support students who are at risk. Schools should establish a drug/alcohol committee made up of students, staff and community members to review existing policies and ensure that prevention services are provided to students. Policies should include clear consequences that are consistent for all members of the student body. Training should be provided to staff regarding drug/alcohol issues and the related policies and procedures of the post-secondary institution.

It is clear that alcohol and drug use have a detrimental effect on students' ability to perform and successfully complete post-secondary educational programs. As much as this is true for the general population, the situation for many Deaf or hard of hearing students, with fewer resources and less background, is even more desperate. Post secondary institutions serving Deaf and hard of hearing students want to see them succeed. Schools can make a significant investment in the success of their Deaf and hard of hearing students by providing the appropriate education, intervention, referral and support necessary to deal with problems connected to alcohol and other drug use.

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Appendix I

Campus Drug Prevention Questionnaire

1. Is there a central department or person responsible for drug prevention and education activities on your campus?

___ yes ____no

If yes, what is this department and/or person?_____

2. Which of the following goals does your departments attempt to achieve in your drug prevention efforts? (Check all that apply)

a. increase knowledge about drugs _____

b. change drug attitudes _____

c. Enhance anti-drug behaviors and skills _____

d. Maintain drug free behavior___

e. Promote a drug free environment _____

f. Change alcohol and drug policies _____

g. Achieve other goals ____

If others, please list _____

3. Which of the following forms of communication does your department use in your drug prevention efforts(check all that apply)

a. Face to face communication ____

b. Television___

c. Pamphlets___

d. Newspapers___

e. Flyers___

g. Posters___

h. Other forms of communication___

If others, please list _____

4. Which of the following strategies does your department use to prevent drug abuse?(check all that apply)

a. Awareness activities like alcohol/drug awareness week events___

b. New student or staff orientations___

c. Drug courses or academic programs of study ____

d. Social marketing methods like promoting the concept of "just say no".___

e. Drug or health screening like breathalyser tests or lung capacity screening ___

f. Teach behavioral strategies like self-monitoring or stimulus-control. ___

g. Provide healthy alternatives to drug use ___

h. Provide reinforcement or incentives for avoiding drugs ---

I. Distribute self-help materials ___

j. Serve on a drug prevention consortium___

k. Revise existing or develop new drug policies on campus___

l. Provide health information where alcohol or tobacco are sold on campus, or initiate other environmental alterations to prevent drug abuse.___

m. Provide drug referral or treatment service.___

5. Which of the following methods are used to evaluate the drug prevention efforts of your department(check all that apply)

a. Regular surveys of student drug use___

b. Regular surveys of faculty/staff drug use___

c. Pilot testing of new prevention strategies or messages___

d. Monitoring of process factors like the number of individuals attending prevention programs___

e. Cost analyses___

f. Outcome studies of program effects___

g. Statistical analysis of evaluation data___

h. Other methods to evaluate your drug prevention efforts___

If others, please list _____

6. How many full-time and how many part-time staff members does your department have for prevention?

___full time ____part time

7. Which of the following prevention models defined below do you use in planning your prevention program? (Check all that apply)

a. Information/dissemination model___

(increase knowledge of drugs, consequences of use; promote antidrug use attitudes)

b. Affective education model___

(increase self-esteem, self-worth, self concept, clarify values, increase interpersonal growth; generally includes little or no information about drugs)

c. Alternatives model___

(increase self-reliance; provide alternatives to drug use; reduce boredom and sense of alienation)

d. Resistance skills training model___

(increase awareness of social influence to drink, smoke, or use drugs; develop skills for resisting substance-use influences; increase knowledge of immediate negative consequences; establish substance-use social norms)

e. Personal and social skills training model___

(increase decision making, personal behavior change, anxiety reduction and stress management, communication, social and assertive skills; application of generic skills to resist substance-use influences)

f. Environmental approaches model___

(increase alcohol, tobacco or other drug community laws; increase enforcement of laws; limit access to alcohol or tobacco on campus; limit advertising of alcohol or tobacco on campus)

g. Other models___

8. To what extent have the drug prevention efforts of your department resulted in policy alterations on your campus?

___a. Many policy changes

___b. Some policy changes

___c. A few policy changes

___d. No policy changes

9. In your opinion, how have the following drug-related measures changed on your campus during the past year, due to the prevention and education efforts of your department?

	increased	no change	decreased
a. Drug related knowledge has			
b. Anti-drug attitudes have			
c. Alcohol use has			
d. Tobacco use has			
e. Marijuana use has			
f. Cocaine use has			
g. Alcohol/drug problems have			
h. Faculty/staff drug use has			
I. Alcohol-related crime			
j. Drug related crime			

10. How often does your department schedule prevention activities as a part of other campus events?

___a. Always

___b. Most times

___c. Sometimes

___d. Never

11. How often do the key drug prevention and education personnel in your department meet with your university's top administrators to discuss prevention?

___a. Every year

___b. Every two years

___c. Every three years or more

___d. Never

12. Which of the following groups does your department train to volunteer to assist you in implementing drug prevention activities on campus? (Check all that apply)

a. Students___

b. Faculty___

c. Staff___

d. Administrators___

e. Community volunteers___

f. Others___

13. How often are your alcohol and drug policies formally reviewed for possible revision?

___a. Every year

___b. Every 2 years

___c. Every 3 years or more

___d. Never

14. How often are your alcohol and drug policies enforced?

___a. Never

___b. Sometimes

___c. Most times

___d. Always

15. To what extent has your institution taken steps to limit the advertisement of alcohol on campus?

___a. Prohibit all advertisement of alcohol on campus

___b. Limits most advertisement of alcohol

___c. Limits some alcohol advertisements

___d. No limits are placed on alcohol advertisements

16. To what extent has your institution taken steps to limit the advertisement of cigarettes on campus?

___a. Prohibit all advertisement of cigarettes

___b. Limits most advertisement of cigarettes

___c. Limits some cigarette advertisements

___d. No limits are placed on alcohol advertisements

16. To what extent has your institution taken steps to limit the advertisement of cigarettes on campus?

___a. Prohibit all advertisement of cigarettes

___b. Limits most advertisement of cigarettes

___c. Limits some cigarette advertisements

___d. No limits are placed on cigarette advertisement.

Appendix II

Amy is a senior majoring in business at a large University where she is active in a sorority. She never seems to get very drunk anymore, though she often drinks more than some of the other who are smashed. Two or three days a week she will have one to two drinks and on Fridays and Saturdays she often has 10-15 drinks over the course of the evening. There has never been any alcoholism in her family. Her early response to alcohol was not unusual.

Amy has noticed that her grades are beginning to slip the past two or three semesters. But she really wants to get into a good M.B.A. program at a northeast university. In fact, there's an entrance exam coming up in four weeks.

After taking this alcohol course, Amy has learned that her high tolerance is really a sign of increased risk. She really thinks she wants to begin making low risk drinking choices, but she knows people will be surprised at this change.....to say the least! Maybe they'll kid her about taking this course and the DUI too seriously. Maybe she won't have any fun if she doesn't drink as much. Maybe other people won't think SHE is as much fun. Still .....Amy really want to start making low-risk choices on a consistent basis.

Discussion Questions:

What do you think Amy could be jeopardizing if she continues to make high-risk drinking choices? List one or two benefits to Amy if she switches to low-risk drinking choices.

Imagine that you are a friend of Amy's. At the TGIF party tonight you see her having a soft drink after having a couple of beers. She's talked to you about

wanting to change her drinking choices, and you know she's worried. List one thing you could do that would give her some support for what she really wants to do.

Are there any social customs/activities on campus or in your social group that you feel encourage high-risk drinking choices by students? If so, list them. Next to each one indicate how these social customs could be changed to support students in making low-risk drinking choices.